

**WEST ALLIS LANDLORD/TENANT MAILING  
ADDRESS REQUEST**

**\*\*ATTENTION\*\***

\*\*This form is only for Water/Sewer Bills\*\*

It does not pertain to Tax Bills, Official Notices,  
Property Owner Registration or Fire Inspections

**An authorization release form must be signed by both the landlord and the tenant before a tenants name will be put onto the water account. The release form authorizes that both the tenant and the landlord have access to information regarding the water account.**

Property Address: \_\_\_\_\_ Account #: \_\_\_\_\_  
Tenants Name: \_\_\_\_\_

Would you like the bill mailed to the Tenant? Yes\_\_\_\_ No\_\_\_\_

\*A **duplicate** bill will be mailed to owner, would you prefer the bill  
Mailed or E-Mailed(**circle one**)

E-Mail Address: \_\_\_\_\_

Owners Name(Print): \_\_\_\_\_

Owners Address: \_\_\_\_\_

Owners Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please E-Mail: [ubilling@westalliswi.gov](mailto:ubilling@westalliswi.gov)

Fax: Fax #: 414-302-8255

Mail: City of West Allis-Finance Dept  
7525 W Greenfield Ave  
West Allis, WI 53214

## Authorization For Release of Water Utility Information

**Property Address:** \_\_\_\_\_

**Account Number** \_\_\_\_\_

For purposes of Act 25, Wis. Stat. §196.137, and compliance with federal and state laws regarding the inspection and release of water utility documents, I, \_\_\_\_\_ [Name] hereby authorize the use or disclosure of my water utility information as described in this authorization.

- Specific person/organization (or class of persons) authorized to provide the information:

\_\_\_\_\_  
\_\_\_\_\_.

- Specific person/organization (or class of persons) authorized to receive and use the information:

\_\_\_\_\_  
\_\_\_\_\_.

- Purpose of the request:

(Please state the purpose of the request below. If you are the individual initiating and signing this authorization and you do not wish to state a purpose, please state, "At the request of the individual".)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

- Right to revoke: I understand that I have the right to revoke this authorization at any time by notifying the City of West Allis in writing at 7525 West Greenfield Avenue, West Allis, WI 53214, Attn. City Attorney's Office. I understand that the revocation is only effective after it is received and logged by the City of West Allis. I understand that any use or disclosure made prior to the revocation under this authorization will not be affected by a revocation.
- I understand that after this information is disclosed, federal law might not protect it and the recipient might re-disclose it.
- I understand that I am entitled to receive a copy of this authorization.
- I understand that, unless revoked as set forth above, this authorization will expire on: (date or event)\_\_\_\_\_.
- A photocopy of this authorization may be accepted in lieu of an original.

**Landlord Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

If a Personal Representative executes this form, that Representative warrants that he/she has authority to sign this form on the basis of: \_\_\_\_\_.

**Tenant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

If a Personal Representative executes this form, that Representative warrants that he/she has authority to sign this form on the basis of: \_\_\_\_\_.